Washington State Health Care Authority	**CONTRACT AMENDMENT**	HCA Contract No.: K7759 Amendment No.: 01

THIS AMENDMENT TO THE CONTRACT is between the Washington State Health Care Authority and the party whose name appears below, and is effective as of the date set forth below.

CONTRACTOR NAME	**CONTRACTOR doing business as (DBA)**
City of Everett	
CONTRACTOR ADDRESS 2930 Wetmore Avenue, Suite 10A Everett, WA 98201	**CONTRACTOR CONTRACT MANAGER** Name: Julie Willie Email: jwillie@everettwa.gov

AMENDMENT START DATE	**AMENDMENT END DATE**	**CONTRACT END DATE**
July 1, 2025	June 30, 2027	June 30, 2027
Prior Maximum Contract Amount	**Amount of Increase**	**Total Maximum Compensation**
$500,000.00	$716,000.00	$1,216,000.00

WHEREAS, HCA and Contractor previously entered into a Contract to establish a mechanism for payment to fund the creation of a street medicine team program in accordance with the legislative mandate in ESSB 5950, and;

WHEREAS, HCA and Contractor wish to amend the Contract pursuant to Section 4.4 Amendments, to (1) extend the period of performance and (2) add funding for SFY 2026 and SFY 2027;

NOW THEREFORE, the parties agree the Contract is amended as follows:

1. Section 3, Special Terms and Conditions, 3.2 Term, subsection 3.2.1 is amended to read as follows:

   3.2.1 The initial term of the Contract will commence on July 1, 2024 and continue through June 30, 2027 unless terminated sooner as provided herein.

2. Section 3, Special Terms and Conditions, 3.3 Compensation, subsection 3.3.1 is amended to read as follows:

   3.3.1 The parties have determined the cost of accomplishing the work herein will not exceed $1,216,000.00, inclusive of all fees, taxes, and expenses. Compensation for satisfactory performance of the work will not exceed this amount unless the parties agree to a higher amount through an amendment.

3. Attachment 1: Statement of Work, is amended in its entirety and is attached hereto and incorporated herein.

4. This Amendment will be effective July 1, 2025 (“Effective Date”).

5. All capitalized terms not otherwise defined herein have the meaning ascribed to them in the Contract.

6. All other terms and conditions of the Contract remain unchanged and in full force and effect.

The parties signing below warrant that they have read and understand this Amendment and have authority to execute the Amendment. This Amendment will be binding on HCA only upon signature by all parties.

CONTRACTOR SIGNATURE	PRINTED NAME AND TITLE	DATE SIGNED
DocuSigned by: Mayor Cassie Franklin CONTRACTOR SIGNATURE	Cassie Franklin, Mayor PRINTED NAME AND TITLE	9/9/2025
DocuSigned by: APPROVED AS TO FORM OFFICE OF THE CITY ATTORNEY CONTRACTOR SIGNATURE	Tim Benedict, City Attorney PRINTED NAME AND TITLE	9/4/2025
Signed by: Marista Jorve HCA SIGNATURE	Marista Jorve, City Clerk PRINTED NAME AND TITLE	9/9/2025
Signed by: Annette Schuffenhauer 4F259FCAF7C2450...	Annette Schuffenhauer Chief Legal Officer	DATE SIGNED 9/4/2025

Approved as to Form:

Office of the City Attorney

Attest:

Office of the City Clerk

ATTACHMENT 1: STATEMENT OF WORK

The contractor will provide street medicine services and will staff street medicine (SM) teams as such, and otherwise do all things necessary for, or incidental to, the performance of work as described in this statement of work (SOW).

Period of performance July 1st, 2024, and be completed on or before June 30th, 2027 unless terminated sooner or extended.

1. Purpose

The purpose of this agreement is to contract with five municipalities – King County, City of Spokane, City of Tacoma, City of Everett and Kitsap County to implement SM teams in support of the unhoused populations. This document outlines performance expectations, reporting requirements and deliverables for this initiative. HCA will incorporate elements of these to submit a legislative report due June 2025 outlining the implementation of the SM program with recommendations for maximizing leveraging of federal Medicaid match and further expansion of the SM model.

Funding for SM program is only to be used for expenses incurred related to direct service delivery of SM clients. Allowable uses of funding:

i. Staffing for SM teams

ii. Capital equipment for SM teams

iii. Operating expenses for SM teams for medical and other supplies, lab services, vehicle maintenance, and incidental costs.

2. Performance Expectations

The contractor will be responsible for all internal staffing, training, and any technology requirements necessary to implement the expectations outlined in this contract. In addition, the contractor shall ensure funds are responsibly used towards the care core components of SM.

2.1 The main objectives of the Street Medicine program are to reduce health disparities and to improve health outcomes among the unhoused population.

2.2 The contractor will implement a street medicine team that will provide direct care to the unhoused population which includes but is not limited to unhoused people living in encampments, tent cities, living in cars, under bridges and in the woods.

2.3 The contractor will engage and collaborate with community stakeholders to develop the components needed for a successful SM program. The contractor will report the functions of the SM team and report a policy that includes organizational structure of SM teams, standard referral procedures and protocols to ensure continuity of care, liability coverage, data reporting systems, medication dispensing as well as proper safety guidelines for the SM team.

2.4 The contractor will meet with HCA SM program manager on a frequency as determined by the SM program manager.

2.5 The contractor will participate in a Street Medicine Learning Collaborative with other Street Medicine participants on a frequency as determined by SM program manager.

2.6 The contractor will assemble a SM team comprising the following makeup:

2.6.1 a MD/DO or Physician Assistant (PA) or Nurse Practitioner (NP) , AND

2.6.2 a behavioral health specialist (masters level).

2.6.3 The SM team may include a community health worker (with preferred lived experience) or certified peer counselor (CPC).

2.6.4 SM teams should be comprised, at a minimum, a pair of individuals or a makeup of 3 to 4 people depending on staffing needs. Staffing will be flexible and scalable depending on location.

2.7 The contractor will provide and support regular quarterly (4 sessions per year) trainings for the SM team to cover key SM protocols such as clinical guidelines, infection and infestation prevention, skills to prevent and de-escalate crises, situational awareness and safety precautions in a range of settings, understanding boundaries between street medicine and law enforcement, street medicine 911 protocols, safety precautions for transporting individuals and staff well-being that includes self-care and burnout prevention.

2.8 The contractor will coordinate, collaborate and communicate with community stakeholders as well as law enforcement agencies.

2.9 The contractor will ensure there is close collaboration as well as wraparound health services and referrals between SM teams and:

2.9.1 Primary care providers (including but not limited to Federally Qualified Health Centers, community clinics or other primary care providers) to assist the unhoused population with establishing longitudinal primary care appointments.

2.9.2 Behavioral health providers including but not limited to mental health services, substance use disorder services (such as harm reduction and care services, Health Engagement Hubs, Syringe Services Providers)

2.10 The contractor will ensure SM teams will provide the following scope of services:

2.10.1 Basic medical care, including but not limited to urgent care (addressing acute medical concerns), infectious disease control (HIV screening, HCV screening and treatment, wound and foot care), medication counseling, prescribing, and distribution of medications.

2.10.2 Behavioral health services

2.10.3 Substance use disorder services, including provision of harm reduction supplies as appropriate

2.10.4 Care coordination and case management services, such as:

2.10.4.1 Wraparound health services and referrals, including referrals to appropriate clinical and non-clinical services

2.10.4.2 Medical and psychosocial case management,

2.10.4.3 Provision of life necessities as able (providing free materials such as hygiene supplies, food/water and some clothing),

2.11 The contractor will ensure that SM teams will be held to the same standards as any healthcare facility delivering medical care and includes clinical record keeping and licensing requirements. In addition, the contractor will establish a quality assurance (QA) and quality improvement (QI) plan for SM teams.

2.12 Contractor to meet with HCA on a quarterly schedule to discuss progress on contract work, including successes and challenges. Additional meetings as needed by the contractor.

2.13 The contractor will set up billing systems and bill for services eligible for Medicaid reimbursement and include details in final report.

3. Reporting:

The contractor will submit quarterly reports due the last business day of the month after end of quarter to include the following:

3.1 Individuals on SM teams who attended quarterly training during the reporting period and report the training on an attendance sheet to include date/time and duration of time, type of training involved, name of personnel attending the training, and instructor/title providing the training.

3.2 Data collection. The contractor will collect and report on the following data elements on a quarterly basis.

3.2.1 Program information

3.2.1.1 Quarterly staffing report including number and type of providers.

3.2.1.2 Total number of sites visited to include date/time/location and participating staff.

3.2.1.3 Any manner of deaths (natural, accident, homicide, undetermined and pending) if possible.

3.2.2 Billable services

3.2.2.1 Total number of patients seen, including:

3.2.2.1.1 Client demographics to include age, racial, ethnic and gender.

3.2.2.1.2 Number and type of treatments/services performed on individuals and outcomes such as testing and overdose

prevention, number of wound care services, number of individuals started on medications (including injectables) for opioid use disorder, infections and pain management, including infection disease screening and follow up.

3.2.2.1.3 Number of referrals made to primary care and behavioral health treatments/appointments.

3.2.2.1.4 Number of top medical and behavioral health diagnosis.

3.2.2.1.5 Number of transportation arranged for individuals to ER, primary care and behavioral health.

3.2.2.1.6 Number of ER avoidance encounters (ex: Would you have sought Emergency Care for this condition?)

3.2.3 Non-billable services

3.2.3.1 Non-billable encounters with patients

3.2.3.2 Number of 911 calls made when SM teams encounter unhoused people.

3.2.3.3 Total number of harm reduction supply encounters.

3.2.3.4 Number of naloxone kits distributed.

3.2.3.5 Number of hygiene items distributed.

3.2.3.6 Number of harm reduction supplies distributed.

3.2.3.7 Number of inclement weather and catastrophic care avoidance encounters

3.2.4 Enrollment Screening Efforts

3.2.4.1 Number of clients screened for Medicaid eligibility

3.2.4.2 Number of clients enrolled in Medicaid services

4. Deliverables, due dates, and payment expectations

FY 25 (July 2024 – June 2025)					
Deliverable	Description	Due date	# of Reports/ Payments	Payment Amount	Deliverable Total Amount
Implementation Plan	Detailed report, including: • Estimated Staffing for SM teams and hiring plan • Capital equipment needs for SM teams	7/15/2024	1	$375,000.00 each	$375,000.00

	• Operating expenses for SM teams for medical and other supplies, lab services, vehicle maintenance, and incidental costs.				
Quarterly Report	Contractor will provide summary written report of contract-related progress each quarter	10/20/2024 1/20/2025 4/20/2025	3	$33,333.00 each	$100,000.00
Final Report	Detailed report, including: • Details on Medicaid billing • Challenges and Barriers to providing and implementing care • Summary of budget; including expenditures and how funds were utilized • Lessons learned and future implementation plans	06/01/2025	1	$25,000.00 each	$25,000.00
				FY25 Total	**$500,000.00**

FY 26 (July 2025 – June 2026)					
Deliverable	Description	Due date	# of Reports/ Payments	Payment Amount	Deliverable Total Amount
Quarterly report	Contractor will provide summary written report of contract-related progress each quarter	10/30/2025 01/30/2026 4/30/2026	3	$89,500.00 each	$268,500.00
Final Report	Detailed report, including: • Details on Medicaid billing • Challenges and Barriers to providing and implementing care • Summary of budget; including expenditures	06/01/2026	1	$89,500.00 each	$89,500.00

	and how funds were utilized • Lessons learned and future implementation plans • Top 5 medical concerns addressed				
				FY26 Total	**$358,000.00**

FY 27 (July 2026 – June 2027)					
Deliverable	Description	Due date	# of Reports/ Payments	Payment Amount	Deliverable Total Amount
Quarterly report	Contractor will provide summary written report of contract-related progress each quarter	10/30/2026 01/30/2027 4/30/2027	3	$89,500.00 each	$268,500.00
Final Report	Detailed report, including: • Details on Medicaid billing • Challenges and Barriers to providing and implementing care • Summary of budget; including expenditures and how funds were utilized • Lessons learned and future implementation plans • Top 5 medical concerns addressed	06/01/2027	1	$89,500.00 each	$89,500.00
				FY27 Total	**$358,000.00**